Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 19 November 2013.

Present:
Ronald Coatsworth (Chairman – Dorset County Council)

Dorset County Council
Michael Bevan, Mike Byatt, Mike Lovell and William Trite.

West Dorset District Council
Gillian Summers.

Weymouth and Portland Borough Council
Jane Hall.

Health Representatives:
Care Quality Commission: Tracey Cockburn (Acting Compliance Manager).
Dorset County Hospital NHS Foundation Trust: Alison Tong (Director of Nursing) and Paul Lewis (Project Manager).
Dorset Healthcare University NHS Foundation Trust: Deborah Howard (Associate Director – Community Services), Anne Elgeti (Interim Associate Director - Business & Performance) and Nancy Mayhew (Team Leader).
Healthwatch Dorset: Louise Bate (Community Engagement and Outreach Officer).
NHS Dorset Clinical Commissioning Group: Liane Jennings (Deputy Director – Strategic Development and Planning), Liz Kite (Deputy Director of Engagement and Communication), Jane Pike (Director of Service Delivery), Suzanne Rastrick (Director of Quality) and Sally Sandcraft (Deputy Director of Joint Commissioning and Partnerships).
Weldmar Hospicecare Trust: Alison Ryan (Chief Executive).

Dorset County Council Officers:
Andrew Archibald (Head of Adult Services), Ann Harris (Research and Development Officer), Dan Menaldino (Principal Solicitor), Paul Morgan (Commissioning Manager) and Paul Goodchild (Senior Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **10 March 2014**.)

Apologies for Absence

57. Apologies for absence were received from Bill Batty-Smith (North Dorset District Council), Sally Elliot (East Dorset District Council), Beryl Ezzard (Purbeck District Council) and Ros Kayes (Dorset County Council).

Code of Conduct

58. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Minutes

59. The minutes of the meeting held on 13 September 2013 were confirmed and signed.

NHS Dorset Clinical Commissioning Group – Engagement with the Public

60.1 The Committee received a presentation from the Deputy Director of Engagement and Communication, NHS Dorset Clinical Commissioning Group (CCG), on the different ways in which the CCG has engaged with the public.

60.2 The Deputy Director explained that it was vitally important for there to be targeted engagement with local communities and a lot of evidence could be gathered through this to feed into the review and redesign of services. She explained the ladder of engagement and participation which ensured that communities and individuals could have meaningful participation in decision-making. She also explained the engagement cycle which sets out how the public and individual patients could have meaningful involvement in the various steps of strategic planning, the specification of outcomes and procurement of services, and the management of demand and performance.

60.3 Members noted the various channels through which the CCG conducted community engagement. These included locality networks, condition specific networks, comments and complaints, and various events and meetings, as well as through social and digital media.

60.4 The Deputy Director highlighted the engagement structure which would launch in early 2014. The CCG Health Involvement Network would receive feedback from locality involvement groups, condition specific groups, the Diversity Advisory Group and other existing groups. Issues would then be fed back to the governing body of the CCG. The CCG continued to work with a variety of partners (such as local authorities, Healthwatch Dorset, NHS local and regional partners and community groups) to provide and receive ongoing feedback.

60.5 One member asked how the Committee would be able to scrutinise the new engagement processes. The Deputy Director explained that the CCG would continue to provide updates to the Committee so that the new processes could be reviewed. The Head of Adult Services commented that the Committee would benefit from the consideration of regular detailed reports from the CCG, rather than ad hoc reporting. Following discussion it was agreed that an update report from the CCG should be considered by the Committee on a quarterly basis.

60.6 In response to a question, the Deputy Director explained that if a member of the public wished to contact the CCG about a specific issue they should call the general contact number and they would be transferred to the appropriate person in the organisation. She highlighted that there would be a large scale communications effort in early 2014 so that the public were aware of the engagement process.

60.7 One member was concerned that if a patient had an issue with the care they had received in hospital they would raise it with the service provider, or report it to Healthwatch Dorset. The Deputy Director highlighted that the CCG worked closely with the various hospital trusts and Healthwatch Dorset. If a patient chose to raise an issue with the Health Involvement Network through a condition specific group, the CCG could examine it if there was a wider issue to consider, or if there was a one-off situation affecting one patient.

60.8 Regarding locality groups, the Chairman asked how interested members of the public and councillors could get involved should they wish to do so. Another member highlighted that the County Council was doing work on better engagement with local members on local issues, and that councillors should be kept up to date with the work of locality groups in their areas. The Deputy Director explained that further information on locality groups would be included as part of the CCG's communications strategy in 2014.

Contact details for each locality group were available and people were encouraged to get involved.

60.9 The Committee thanked the Deputy Director for her presentation.

Resolved

61. That NHS Dorset CCG provide an update report to the Dorset Health Scrutiny Committee on a quarterly basis.

Pathology Services at Dorset County Hospital NHS Foundation Trust

62.1 The Committee considered a report by the Director for Adult and Community Services which set out actions to be taken by Dorset County Hospital (DCH) NHS Foundation Trust regarding the provision of pathology services.

62.2 The Director of Nursing for DCH introduced the report and explained that DCH was currently looking to find a service model for pathology services which provided a high quality, cost effective and financially sustainable service in the long term. The Project Manager explained that, through a tender process, DCH would compare their pathology services against other interested providers to determine if DCH were providing the best value service. Members noted that the outcome of the tender process would inform a decision on the future provision of the service.

62.3 In response to a question the Project Manager explained that, following the tender process, DCH could take the view that the current service was the best service available at the best price and so no contract would be awarded; or DCH could partner with other NHS organisations, or could work with an external provider. The advert for the tender process would be published in December 2013, a short-list of suppliers would be drawn up in March or April 2014 and the evaluation of suppliers would be finalised in June or July 2014. The Committee would be updated on the outcome of the project at a future meeting.

Noted

Care Quality Commission

63.1 The Committee received a presentation by the Acting Compliance Manager, Care Quality Commission (CQC), on the new process by which the CQC regulated, inspected and monitored the quality of care provision.

63.2 The Acting Compliance Manager explained that the purpose of the CQC was to make sure that health and social care services provided people with safe, effective, compassionate and high quality care. The CQC monitored, inspected and regulated services to make sure that they met fundamental standards of quality and safety. The CQC's findings and performance ratings were published to help people make informed decisions about care. The CQC currently regulated 30,000 care providers in England.

63.3 Members noted that the CQC was split into three directorates covering hospitals, social and medical care. Chief Inspectors and Deputy Chief Inspectors had been appointed. They looked at twenty-eight regulations, which were split into five question headings: is the care safe, effective, caring, responsive to people's needs, and well-led? The new inspection process would no longer be a yes/no answer on what standards were and were not being met, but would highlight exactly what was good and what could be improved about each provider.

63.4 The process of the new approach was explained. Members noted that expert inspection teams, which would include experts in the particular services undergoing inspection, would examine services. The teams would also be larger, inspections would be

longer and they would look into more specific areas. Service users would also be part of teams, and groups of service users would be consulted as part of inspections. A ratings system would be reintroduced, with the headings of “outstanding”, “good”, “requires improvement” and “inadequate”. Work was ongoing on the specific surveillance options to be used by inspection teams. The Principal Solicitor highlighted that the term ‘expert inspection team’ could be seen as misleading as only one or two members of the team were experts in a particular service.

63.5 The Acting Compliance Manager explained that formal consultation on the changes would begin in early 2014. Pilots would take place in mid-2014, and the new model would be implemented in autumn 2014.

63.6 In response to a question, it was confirmed that inspection teams could visit during the day or at night, and these inspections were unannounced. Larger hospitals were given some advance notice of an inspection, but some elements would be unannounced.

63.7 One member raised concern over the cost of the proposed changes to the CQC inspection process. The Acting Compliance Manager explained that the CQC was responding to a requirement by the government. Additional expert staff for inspections would not be permanent, but recruited for the length of a specific inspection. Another member agreed that review and improvement of the CQC was an important measure as it would cost more for providers to deal with serious complaints than it would for them to receive external regulation. The Head of Adult Services added that each regulated organisation had to pay a contribution towards regulation, and the cost would be increased.

63.8 In response to a question on how the CQC linked to the Committee, the Acting Compliance Manager explained that the findings of the CQC could be shared with the Committee, and CQC officers were regularly invited to attend meetings to report on specific issues. Members noted that the CQC would continue to work closely with those organisations contracted to provide care services. The new inspection processes would be designed to be more effective for the providers and for those scrutinising the services, such as local authority health scrutiny committees.

63.9 The Committee thanked the Acting Compliance Manager for her presentation.

Noted

Healthwatch Dorset – Update

64.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the development and progress of Healthwatch Dorset since it was established as the new consumer champion for health and social care services in Dorset on 1 April 2013.

64.2 The Community Engagement and Outreach Officer for Healthwatch Dorset introduced the report and explained that Healthwatch Dorset had been formed by Help and Care, the Dorset Race Equality Council and the Citizens Advice Bureau (CAB). During the first six months Healthwatch Dorset had carried out a programme of promotional activities, including roadshows, recruitment of 120 Healthwatch Champions and development of a Healthwatch Dorset website and social media presence. Members noted that Healthwatch Dorset was led by a Board of Directors and, following a recruitment process, the Board membership was complete.

64.3 Regarding feedback, the Committee were informed that people could contact Healthwatch Dorset in a variety of different ways including in writing to a freepost address,

by phone, email, online feedback forms, social media, or in person at a CAB office. Leaflets with Healthwatch Dorset contact information were available at some hospitals and surgeries. 350 individual stories from local people had been received to date, and the main themes so far had been the quality of services, information and access. Ongoing projects included mapping of the ways in which local people could influence health and social care services, the production of a dementia awareness video with Bournemouth University, and work with Weymouth College to gather feedback from young people on health and care services. Healthwatch Dorset were also looking to create a health and care forum of voluntary sector colleagues across Dorset.

64.4 Members congratulated Healthwatch Dorset on the work which had been completed to date. In response to a question, the Community Engagement and Outreach Officer explained that they were working closely with colleagues in the NHS and would provide them with research information which would help to improve services.

64.5 Some members raised concern that there was an ongoing problem that patients would be confused over who to contact in the first instance about health issues, as they could contact the CCG, the service provider or Healthwatch Dorset. The Community Engagement and Outreach Officer explained that Healthwatch Dorset was becoming a more well-known organisation and it was important for service users to be able to contact an independent third party if they were not comfortable about raising an issue directly with a care provider.

64.6 The Community Engagement and Outreach Officer invited the Dorset Heath Scrutiny Committee to become Healthwatch Champions. The Principal Solicitor advised that the Committee should decline the invitation, as it could potentially cause a conflict of interest, but members were welcome to become Healthwatch Champions on an individual basis if they wished. Members agreed to this approach. The Committee would continue to receive regular updates on the work of Healthwatch Dorset at future meetings.

Noted

Weldmar Hospicecare Trust Quality Account 2012/13

65.1 The Committee received a presentation on the Weldmar Hospicecare Trust Quality Account for 2012/13 by the Chief Executive of the Trust. A copy of the full Quality Account was provided for members' information.

65.2 The Chief Executive explained that Weldmar Hospicecare Trust worked in North, South and West Dorset and had approximately 1,300 patients each year. The Trust employed 200 staff and 300 patient care volunteers. The Trust's budget was £7.6m in 2012/13. £5.4m was spent on clinical services, of which £1.76m was provided by the NHS. The remainder of the budget was made up of charitable donations. The Trust cared for adults with life limiting diseases and their families and others affected. 65% of patients were over 65 and 76% of patients had a form of cancer. Services included medical and nursing, physiotherapy and occupational therapy, spiritual and psychological support, child bereavement support and social work. Members noted that the Trust employed a consultant in specialist palliative care. The consultant would be shared with Dorset County Hospital (DCH) NHS Foundation Trust from 2014.

65.3 It was highlighted that the Trust aimed to deliver the care in the right way and in the right setting which was best for the patient. In many cases patients wished to be in their own home as their disease progressed and they were near to the end of their life. Patient surveys had indicated that staff took time to listen to patients' needs, that patients felt safe, that their whole family was being cared for, and that they had the chance to explore creative, spiritual and psychological issues. Areas for improvement included the need for

more 'hands on' help at home, the lack of continuity between various organisations involved and the need for quicker decisions about transfer arrangements.

65.4 Regarding specific issues in 2012/13, members noted that there was greater joint working between the Trust and DCH, new facilities had been established in Sturminster which improved access for patients in North Dorset, there had been a reduction in adverse incidents, a strong bereavement support team and a stronger carer service. Challenges included monitoring of quality in every care setting, provision of 24 hour responsive care, maintaining quality of care, and the development of a referral assessment and triage system. The demographic of older people in Dorset was rising which would continue to present a challenge for the Trust. There were also ongoing concerns over stresses on partner organisations which would affect patient experience, and the ability to maintain investment in quality in the current economic climate.

65.5 In response to a question on who monitored the quality of care provided in home settings, the Chief Executive confirmed that this was the responsibility of the patient's GP, although resources for this were limited. It was important, however, that the patient should be involved with care choices and that they were able to die in their place of choice, be it at home or in a hospice or hospital setting.

65.6 One member raised concern over the importance of care documentation, particularly in the home setting. The Chief Executive explained that the Trust invested in administrative staff so that nurses were able to undertake nursing responsibilities. This meant their time with patients was less affected by the need to undertake administration work. Further resources were needed, but the position was better than it had been in previous years.

65.7 The Committee thanked the Chief Executive for her presentation.

Noted

Continuing Health Care Update

66.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on Continuing Health Care (CHC) in Dorset, including background information, the number of CHC applications, and the amount spent over the previous seven years by NHS Dorset Clinical Commissioning Group (CCG) on CHC.

66.2 The Deputy Director of Joint Commissioning and Partnerships for the CCG introduced the report and explained that CHC was provided in partnership between the CCG and Dorset County Council (DCC). She explained how eligibility for CHC was considered. Members noted that patients who were eligible for CHC would receive funding for health and personal care needs regardless of their financial situation, by means of a commissioned package of care or a Personal Health Budget.

66.3 In relation to who was responsible for the planning of CHC, the Deputy Director highlighted that the CCG had taken a joint approach with DCC on CHC and joint assessments, policies and procedures were in place. The providers used by the CCG for CHC were largely the same as those used by DCC for social care.

66.4 One member raised concern over the financial risk to DCC if they were funding the care for individuals whose care should be funded by the NHS. The Commissioning Manager highlighted that there was also a risk of having to compensate individuals for any charges which had been paid to DCC if, upon appeal, the individual was deemed to have retrospective CHC eligibility. The Deputy Director explained that there were

no such cases currently in Dorset, but there had been in neighbouring authorities and so the situation would be closely monitored.

Noted

NHS Dorset Clinical Commissioning Group – Progress on the Francis Inquiry Recommendations

67.1 The Committee considered a report by the Director for Adult and Community Services which provided a summary by NHS Dorset Clinical Commissioning Group (CCG) on the current work and actions being undertaken by the CCG and all of the local NHS provider organisations in implementation of relevant recommendations of the Francis Inquiry.

67.2 The Director of Quality for the CCG introduced the report and explained that each NHS organisation which was commissioned to provide health services in Dorset had taken the recommendations of the Francis Inquiry forward in their own way and specific examples were highlighted in the report. In addition to monthly contract review meetings with providers the CCG had developed a range of other mechanisms to engage with providers, including unannounced site visits, thematic reviews, one to one meetings with Medical Directors and Directors of Nursing, and further liaison with regulatory bodies.

67.3 Members noted that the CCG had developed an action plan in order to ensure that all relevant recommendations from the Francis Inquiry were implemented appropriately in Dorset. The plan had been scrutinised by the CCG's Quality Group in June and September 2013 and good progress had been made to date. All actions were due to be completed by March 2014.

67.4 Regarding work undertaken by Dorset HealthCare University NHS Foundation Trust (DHUFT), one member commented that the Trust had commissioned an independent review by Deloitte which had been reviewed by the Trust's Board of Governors; however this was currently unavailable to the public. The Director explained that NHS Foundation Trusts were organisations in their own right and were entitled to undertake their own reviews. They were also not obliged to publish the outcomes if they did not wish to do so. The CCG had conducted several unannounced visits to DHUFT facilities throughout the year and had provided feedback as part of regular correspondence with the Trust. This information could be shared with the Committee in future if it was appropriate. Members agreed that it would be useful to have the views of the CCG as the commissioning body when looking at specific NHS Foundation Trusts.

67.5 The Committee noted that a further report from the CCG on progress with the Francis Inquiry recommendations and actions would be considered by the Committee in May 2014.

Noted

Dorset Health Scrutiny Committee Annual Report 2012/13

68.1 The Committee considered a report by the Director for Adult and Community Services which included the Committee's Annual Report for 2012/13.

68.2 The Chairman commented that the Annual Report was produced each year and summarised work which had been undertaken by the Committee in the previous year. Members noted that a workshop would be held in the New Year to plan the work programme for 2014/15.

Resolved

69.1 That the Annual Report for 2012/13 be endorsed.

69.2 That a workshop be held to plan the work programme for 2014/15.

Further Update from Dorset HealthCare University NHS Foundation Trust on Care Quality Commission Inspections and Action by Monitor

70.1 The Committee considered a report by the Director for Adult and Community Services which provided an update from Dorset HealthCare University NHS Foundation Trust (DHUFT) on recent Monitor rulings and also on the latest position in respect of Care Quality Commission (CQC) inspections of inpatient mental health services. The report included CQC inspection reports and action plans set out by DHUFT for Weymouth Community Hospital, Forston Clinic and St Ann's Hospital.

70.2 The Associate Director for Community Services introduced the report and highlighted that the Committee had previously had a number of concerns regarding recent CQC inspection reports as well as findings and rulings by Monitor. Regarding Monitor rulings, she explained that the assessment report dated 24 July 2013 had made 61 recommendations, 29 of which were high priority. As a result of these rulings the Trust Chairman had decided to leave at the end of September 2013. Monitor identified Sir David Henshaw as an experienced interim Chairman and he had started with the Trust in October 2013. The Trust also had a new Chief Executive, a new Director of Nursing and Quality and a new Director of Mental Health. The action plan agreed with Monitor continued to be progressed, and four work streams had been set up to deliver the project.

70.3 Regarding the temporary closure of the Betty Highwood unit in Blandford Community Hospital due to staffing concerns, the Associate Director reported that two recruitment open days had been held and a national recruitment drive had been undertaken. Unfortunately only one additional qualified nurse had been recruited and so the temporary closure of the unit had been extended for a further six months whilst further recruitment was undertaken.

70.4 Following a number of CQC inspections of the Waterston unit at Forston Clinic the Trust had carried out extensive work and now believed that they were meeting all essential standards. A further inspection by the CQC was expected and the results of this would be reported to a future meeting of the Committee. The Associate Director also drew attention to recent CQC inspections of the Chalbury Ward and Linden Ward in Weymouth, and St Ann's Hospital, Poole.

70.5 In response to a question the Associate Director confirmed that beds were occupied at the Waterston unit. The Committee welcomed the news that the Trust had implemented changes to the Waterston unit and would look forward to the next CQC inspection report.

70.6 The Chairman reported the receipt of an email from the clerk of Bournemouth Borough Council's Health and Adult Social Care Overview and Scrutiny Panel which invited the Dorset Health Scrutiny Committee and the Borough of Poole's Health and Social Care Overview and Scrutiny Committee to undertake some further joint scrutiny work on DHUFT in a joint task and finish group format, as it impacted upon residents in the wider Dorset area. Following discussion, members agreed that involvement in a joint task and finish group to scrutinise DHUFT would duplicate work that the Committee had already undertaken and work which was ongoing and so there would not be a significant benefit. The findings of any scrutiny work undertaken by Bournemouth Borough Council on this issue could, however, be shared with the Committee in due course.

70.7 One member, who was also Dorset County Council's nominated representative on the DHUFT Board of Governors, explained that he met with officers of the Trust on a regular basis and was able to report back on any matters discussed. Members

also noted that they had nominated liaison members for each of the Dorset NHS Foundation Trusts who could currently report back on an ad hoc basis.

70.8 The Chairman reported that he had met with NHS Dorset Clinical Commissioning Group (CCG) and the Chairmen of Bournemouth Borough Council's Health and Adult Social Care Overview and Scrutiny Panel and the Borough of Poole's Health and Social Care Overview and Scrutiny Committee to discuss future joint scrutiny working. There was an agreement that the Joint Health Scrutiny Protocol needed a significant refresh, but that there would be value in reforming a Joint Health Scrutiny Committee for Bournemouth, Dorset and Poole in the future.

Resolved

71. That a further update report from Dorset HealthCare University NHS Foundation trust on CQC inspections and progress with actions identified by Monitor be considered at the next meeting of the Committee in March 2014.

Further Update from Dorset HealthCare University NHS Foundation Trust and NHS Dorset Clinical Commissioning Group on Implementation of Changes to Adult Mental Health Urgent Care Services

72.1 The Committee considered a report by the Director for Adult and Community Services which provided a further update from Dorset HealthCare University NHS Foundation Trust (DHUFT) setting out actions taken in response to specific concerns identified by the Committee at the meeting in September 2013.

72.2 The Associate Director for Community Services introduced the report and explained that the Trust had set out updates in respect of each of the Committee's concerns. Regarding therapeutic daytime activities, she explained that Recovery Skills workshops which were co-produced and co-delivered with service users had been introduced into the acute services in the West of Dorset on 30 August 2013. These courses were available for delivery seven days a week in the daytime and evenings, and specific timings and locations were agreed with clients. All workshops held to date had been well attended and positive.

72.3 In response to concerns that there had been a perception that twenty-four hour care was not in place, the Associate Director explained that the twenty-four hour crisis response team had one senior qualified nurse and one support worker on duty overnight. A further night practitioner was available to take calls and respond if there were exceptional demands at these times. She reported that, further to the information in the report, she had met with the County Council Member for Bridport and representatives of the Hughes Unit Support Group to look into the possible provision of a drop-in centre in Downes Street, Bridport.

72.4 In response to concern expressed over length of calls, members noted that the Trust was looking at how best to manage this. A call time of twenty minutes, for example, was unrealistic. Calls would be referred to the police if there was a disorderly conduct issue.

72.5 Regarding concerns over support for carers and carers' groups, the Associate Director highlighted that support for carers was vitally important to the Trust. They were aware that carers and patients could often feel isolated and so were working to make sure all carers had access to the twenty-four hour Crisis Response Home Team (CRHT) for advice and support. The Trust was also able to offer carers access to recovery courses.

72.6 The Associate Director explained that the CRHT had not identified any issues with transport to date but were able to provide some assistance to service users should they

be made aware of the need for this. The Trust would continue to work with transport providers to deal with any issues.

72.7 In response to concerns over the service model, the Associate Director highlighted that the current service model followed the principles of the government mental health outcomes strategy with clearly identified care pathways which were flexible to meet the needs of service users. Further work on communication would continue so that service users and carers were made aware of what was on offer and how services could be accessed.

72.8 Ros Copson, a member of the Hughes Unit Support Group (HUGS), highlighted a number of newspaper articles regarding the closure of the Hughes unit and Stewart Lodge. Access to structured mental health support was vital for service users and their carers. Representatives of HUGS had met with the Associate Director to express their concerns, and hoped that similar meetings would continue in the future. She commented that there were still no day services in the West of Dorset, which had caused some service users to sink into deeper depression. She hoped that appropriate levels of care and support would be reinstated in the near future. She finished her presentation by reading a poem that she had written which summarised her concerns regarding mental health services.

72.9 Members raised concern that some service users may feel that they were in need of a visit at night and so call the CRHT and subsequently not receive a visit if staff were not available. In response to a question on the number of people who had called the twenty-four hour response phone line, requested a visit and had not received one, the Associate Director explained that she did not have the figures to hand but there would be very few cases where that would happen. In response to a suggestion by the Principal Solicitor, the Associate Director agreed that the Trist would look into this issue in more detail. The Director of Service Delivery for NHS Dorset Clinical Commissioning Group (CCG) explained that the number of calls and the potential gaps in the service were reviewed by the CCG as part of regular contract meetings with the Trust.

72.10 One member asked if a service user in crisis was ever expected to provide their own transport to hospital. The Associate Director explained that an assessment would be made in each case, but the CRHT would look to undertake a home visit where possible.

72.11 The Associate Director explained that an independent review of DHUFT by the CCG would be undertaken in due course and the results fed back to the Committee when it was complete. The Committee agreed that all members of the Dorset Health Scrutiny Committee should be asked for their comments and questions for the review, and these should be sent to the Senior Democratic Services Officer outside of the meeting. Members would be given one week to submit any comments and questions they may have and these would then be collated and sent to the CCG to form part of the review. The CCG would report the results to the Committee in May 2014.

72.12 One member raised concern that meetings and discussions regarding some parts of the service provided by DHUFT were being held outside of the Dorset Health Scrutiny Committee. The Chairman confirmed that such discussions should be conducted through the Committee in the first instance so that all members were aware of what was going on.

Resolved

73.1 That the results of an independent review of Dorset HealthCare University NHS Foundation Trust to be undertaken by NHS Dorset Clinical Commissioning Group (CCG) be reported back to the Committee in May 2014.

73.2 That all members of the Dorset Health Scrutiny Committee be asked for their comments and questions for the review outside of the meeting, and that these be collated and sent to the CCG in due course.

Briefings for Information

74.1 The Committee considered a report by the Director for Adult and Community Services which set out a number of short briefings on the decision of the Competition Commission on the merger of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust with Poole Hospital NHS Foundation Trust, an update on the new provider of non-emergency patient transport services, information on Dementia Friendly Communities, and an update from Dorset County Hospital NHS Foundation Trust (DCH) on a recent inspection by the Care Quality Commission.

74.2 The Chairman suggested that a letter from the Committee to the relevant government department be written to express the Committee's disappointment that the Competition Commission had decided that the merger between The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust should be prohibited. Members agreed to this.

Resolved

75. That a letter from the Committee to the relevant government department be written to express the Committee's disappointment that the Competition Commission had decided to prohibit the merger between The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust.

Items for Future Discussion

76.1 Arising from the previous item, the Chairman requested that reports on the new provider of non-emergency patient transport and the recent Care Quality Commission inspection of Dorset County Hospital NHS Foundation Trust be considered at the next meeting of the Committee in March 2014.

76.2 One member requested that reports on end of life care, discharge packages and home to hospital transfers be considered at future meetings.

Noted

Questions

77. No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00am to 1.30pm